

## Boiler Work Permit Application

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- Login to DEP online CATS: [www.nyc.gov/dep/cats](http://www.nyc.gov/dep/cats)
- After Login, select the top right button “Industrial Work Permits, Inspection Requests (CO), and Amendments and Affidavits”.
- Click on the dropdown menu for ‘Select Request Type’ as ‘**Work Permit Stationary**’ or ‘**Work Permit Mobile**’ or ‘**Work Permit Emergency**’ as required. Click the ‘**Create**’ button.
- Enter the Application ID (e.g., CA001170 or CB000112 without the ending Alphabet) if you are applying for a Work Permit from an existing approved Emergency Boiler Work Permit and click ‘**Continue**’
- To create a new Stationary Work Permit application, click “**Create**”.
- Complete the information in each field. Mandatory fields on the request form (APC5-0) are marked as asterisk. (i.e., Owner’s Email Address)
- Review all the information
- Under ‘Fee Information’ : select ‘Yes’ or ‘No’ for both ‘Is it a government owned property’ and Fee Waiver status
  - If you select “yes”, provide proof and upload documents from the “My Requests”.
- Once completed, click the certification checkbox and click the ‘Save & Submit’ or ‘Save’ button.

### To attach documents (PDF only), accessible from the “My Requests” menu:



- Locate the application number/ request ID .Click the PDF icon to attach a file. (Only upload pdf files with a file name that does not exceed 40 characters including spaces.)
- Once the documents are attached, click the ‘My Request Page’ tab on top left corner.

### Submit Application and Payment, accessible from the “My Requests” menu:

- Click the ‘Submit’ icon (*last icon in the list with a green forward arrow*). 
- The ‘Payment Information’ page will display the corresponding fee for this request which can be accepted by clicking ‘Submit’ (Select ‘Decline’ if you want to continue to edit or upload additional documents).
- You can select ‘Payment Method’; either ‘Online’ or ‘By Mail or in-person’.
- For Online, the system will be directed to the Citibank site where payment can be made via Credit Card, Debit Card or ECheck. (*For Echeck, the owner’s check can be used by entering the routing number and the account number. For credit card or debit card, a convenience fee of 2.49% will be charged by the bank.*)
  - If the ACH is blocked, contact the bank and add a ‘Debit Filter’ for DEP (Company ID: 2136400434).
- For ‘By Mail or in-person’, Check or Money Order made payable to New York City Department of Environmental Protection.
- Upon successful payment, a ‘payment successful’ page will be displayed.
- The applicant & owner will receive an automated email upon successful submission.

For assistance, please call on 718-595-3855 or email us at  
[Catsfeedback@dep.nyc.gov](mailto:Catsfeedback@dep.nyc.gov)

For all technical questions email: [airpermit@dep.nyc.gov](mailto:airpermit@dep.nyc.gov)



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Records Control (718) 595-3855

**For stationary/mobile/emergency boilers- Heat Input of 4.2 Million Btu/hr or greater**

**Stationary/Mobile boilers - (PE/RA can file) Information and Documents needed:**

- APC 5.0 Application – System will generate
- Drawings/Plans (must be legible and formatted to print on 8½" X 11" or 11"x17")
  - Plot plan - Cross streets, Compass, Location of boiler room, Block & Lot
  - Boiler room plan –Location of all components, Air Intake specifications
  - Boiler plan – All dimensions, Burner limitations, Heat release
- Compliance Certification Forms for boiler, burner and/or control are required for equipment not on the DEP accepted list.
  - To check if boiler, burner and controls are on the DEP accepted listed:  
<https://a826-web01.nyc.gov/DEP.AcceptedEquipment/>
- Draft calculations are required for new boiler, induced draft fan, or chimney.
  - ASHRAE Program generated calculations (include summary sheet and detail output printout) (Version 2009 or later); or
  - NYC DEP Stack Adequacy Forms
- Heat load calculations required for new buildings and replacement boilers greater than 20% of the existing boiler on record
- All drawings and documents must be uploaded as PDFs (file name should not exceed 40 characters including spaces)

**Emergency Work Permit - (LOBI/LMP or PE/RA can file)**

- Required Information:
  - Owner address and email
  - Premise address for the installation
  - Boiler Make/Model, Max Heat Input and Gross Output (Btu/hr); Fuel type
  - Application number (CA/CB/CR/CW # ) for the replacement boiler
- Temporary Work Permit will be issued for 30 days.
- Fees will be applied to the new Work Permit application

**Mail the following to DEP after online submission (Address above):**

- APC5-0 printed from online CATS
- Two copies of all drawings on 11 x 17 (original and copy)
- Signed Certification – provide either:
  - APC 5-0 Certification form signed by Owner, PE and Installer; or
  - APC 5-0 Certification form signed by PE, Letter of Authorization signed by owner and Installer Statement signed by installer



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Online APC 5-0

Premises Information \*

1A. Facility Name (If any):  ?

1B. Facility:  New  Existing ? \*

1C. House No (Facility Location):  ? \*

1C. Street (Facility Location):  ? \*

1D. Borough:  ? \*

1E. State:  ?

1F. Block:  ?

1G. Lot:  ?

1H. Zip:  ? \*

1I. Building Identification Number (BIN):  ? \*

1J. Equipment Location:  ? \*

1K. No. of Floors:  ? \*

1L. No. of Apts.:  ? \*

1M. No. of Rooms:  ? \*

1N. Building Total Square Footage:  ? \*

1O. Is this equipment a replacement for equipment presently certified?:  Yes  No ?

1P. If YES provide the installation number of the equipment it is replacing: CA/CB/CW:  ?

Owner Information

2A. Owner's Name:  ? \*

2B. House No:  ? \*

2B. Street Address:  ? \*

2C. City or Borough:  ? \*

2D. State:  ?

2E. Zip:  ? \*

2F. Email Address:  ? \*

2G. Telephone:  ? \*

2H. Fax:  ?

2I. Facility Classification:  ? \*



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**PE / RA Information**

**3A.** Name of P.E. or R.A.: UAT PE2.2 ?

**3B.** N.Y.S. P.E. or R.A. License No.: 023231 ?

**3C.** Email Address: pe2.2@outlook.com ?

**3D.** Telephone: ? \*

**3E.** Fax: ?

**3F.** Company Name: DEP ?

**3G.** House No: ? \*

**3G.** Street Address: ? \*

**3H.** City or Borough: ? \*

**3I.** State: NY ?

**3J.** Zip: ? \*

**LMP/LOBI Information**

**3La.** License Type:  None  LMP  LOBI

**3L.** NYC Installer or Plumber License No.: ? \*

**3K.** Name of Installer: ? \*

**3M.** Email Address: ? \*

**3N.** Telephone: ? \*

**3O.** Fax: ?

**3P.** Company Name: ?

**3Q.** House No: ? \*

**3Q.** Street Address: ? \*

**3R.** City or Borough: ? \*

**3S.** State: NY ?

**3T.** Zip: ? \*



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**Fee Information**

Is it a government owned property?:  Yes  No   
Fee Waiver:  Yes  No

**Chimney Information \***

**5B. Chimney:**  New  Existing   
**5C. Type of Chimney:**  Residential  Commercial   
**5D. Height:**   \*  
**5E. Chimney inside dimension at outlet (in):**   \*  
**5F. Radial distance above (ft):**    
**5G. Radial distance below (ft):**   \*  
**5H. Rain Cap/Cover:**  Yes  No   
**5I. Exit Velocity (f/s)**    
**5J. Exit flow rates (SCFM)**    
**6A. Induced Draft Fan**  Yes  No  \*  
 New  Existing  
**6B. Make**    
**6C. ModelNumber**    
**6D. Capacity**

**Emission Monitor Information**

**7A. Continuous opacity monitor**  
**7A. Monitor Make:**    
**7A. Model No:**   
**7B. Nox**  
**7B. Monitor Make:**    
**7B. Model No:**   
**7C. Sox**  
**7C. Monitor Make:**    
**7C. Model No:**



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Boiler Information \*

Is The Boiler On The DEP Accepted Equipment List? Yes No ?

8A. Boiler Make:

? \*

8B. Boiler Model:

? \*

8C. Maximum Input Rating(Million Btu/Hr):

? \*

8D. Number of identical boilers applied for:

? \*

8E. Boiler: New Existing ?

\*

8F. Boiler Type: --Select Boiler Type-- ?

\*

- Steel ?
Cast Iron
Steam
Hot H2O

8G. Type Of Boiler:

Hot H2O

Please select at least one Type of Boiler

8H. Heating surface (Fire side) sq ft:

? \*

8I. Gross output (Million Btu/Hr)

? \*

8J. Gross output firing rate (gph or cfh):

? \*

8K. Additional Combustion Equipment On Chimney Or In Boiler Room: Yes No ? \*

8L. Automatic Pressure Device To Maintain Boiler Steam ? Psig(Minimum)

8L. MFR:

8L. CAT No:

8M. Automatic temperature device to maintain boiler water temp: Pressure@ ? °F(Minimum)

8M. MFR:

8M. CAT No:

8N. Is Lead Lag System: Yes No ? \*
(if you select NO, please ensure that boilers are interlocked)

8O. Lead Lag System: :

Make: ?

Model:

Other:

- 8P. Type Of Load On Boiler: Space Heating ?
Air Conditioning
Hot Water
Process

Please select at least one Type of Load

8Q. Is it a condensing boiler: Yes No ?

8R. Is boiler part of cogeneration unit: Yes No ?



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**Burner Information \***

Is The Burner On The DEP Accepted Equipment List?:  Yes  No [?](#) \*

9A. Burner Make:

[?](#) \*

9B. Burner Model Number:

[?](#) \*

9C. Number Of Burners:

1 [?](#)

9D. Burner:

New  Existing [?](#) \*

9E. Burner Type

Oil-Atomizers

<--Select Oil Atomizer--> [?](#) \*

Natural-Gas

<--Select Natural Gas--> \*

9F. Unit heat input (Million Btu/Hr.):

[?](#) \*

10A. Fuel Type 1

<-- Select Fuel Type --> [?](#)

10B. Fuel Type 1 Hours/day

[?](#) \*

10C. Fuel Type 1 Days/year

[?](#) \*

10D. Fuel Type 1 Quantity/hour (gph/cfh)

[?](#) gph/cfh \*

10E. Fuel Type 1 Quantity/year (gph/cfh)

[?](#) gph/cfh \*

10F. Fuel Type 1, Max Fuel Delivery Rate

[?](#) gph/cfh \*

11A. Fuel Type 2

<-- Select Fuel Type --> [?](#)

11B. Fuel Type 2 Hours/day

[?](#)

11C. Fuel Type 2 Days/year

[?](#)

11D. Fuel Type 2 Quantity/hour (gph/cfh)

[?](#) gph/cfh

11E. Fuel Type 2 Quantity/year (gph/cfh)

[?](#) gph/cfh

11F. Fuel Type 2, Max Fuel Delivery Rate

[?](#) gph/cfh

12. Burner Limitations

[?](#)

**Combustion Control Information \***

Is The Modulating Motor On The DEP Accepted Equipment List?:  Yes  No [?](#)

13A. Combustion Controller Type

None [?](#)

13B. High Low Modulation Motor

[?](#)

13C. Modulation Motor Make

[?](#)

13D. Modulation Motor Model

[?](#)

13E. Firing Rate Control

Yes  No

13F. Firing Rate Control Make

[?](#)

13G. Firing Rate Control CAT No

[?](#)



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Oil Handling Information

- 14A. No. of Primary Oil Heaters:  ?
- 14B. MFR:  ?
- 14C. CAT No.:  ?
- 14D. Type Of Media:  Steam  Hot H2O  Electric ?
- 14E. Circulation:  
*(Provide information if Steam selected in 14D):*  Forced  Gravity ?
- 14F. Non-Contaminating:  
*(Provide information if Steam & Hot H2O selected in 14D):*  Yes ?
- 14G. Blowdown & Throttling Valves  
*(Provide information if Steam & Hot H2O selected in 14D):*  Yes ?
- 14H. No. of Auxiliary (Electric) Heater(s):  ?
- 14I. Capacity (EA) Watts:  ?
- 14J. Capacity:  Gallons per hour ?  
 °F Oil Temp.  
 Pounds of steam  
 °F H<sub>2</sub>O  
 Watts
- 14K. Electric Heater(s) under constant temperature control:  Yes ?
- 14L. Oil stats as per plan details:  Yes ?
- 14M. Cold oil interlock:  Yes ?
- 14N. Temperature gauges as per plan details:  Yes ?
- 14O. All oil pipe lines adequately insulated:  Yes ?

Air/Gas Handling Information \*

- 15A. Intake Ventilation Fan(s):  Yes  No ? \*
- 15B. Make:  ?
- 15C. Model No.:  ?
- 15D. Capacity:  ?
- 15E. Exhaust Fan(s) in Boiler Room:  Yes  No ? \*
- 15F. Make:  ?
- 15G. Model No.:  ?
- 15H. Capacity:  ?

Louver

- 15I. Opening:  Yes  No ? \*
- 15J. Is it:  Fixed  Motorized ?
- 15K. Gross Area (Sq. In.):  ?
- 15L. Efficiency %:  ?
- 15M. Net area (sq.in):  ?
- 15N. Ventilation Duct:  Yes  No ? \*  
 New  Existing



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**16A.** Barometric Damper:  Yes  No [?](#) \*

**16B.** Nominal size (in):  [?](#)

**16C.** Nominal area (sq.in):  [?](#)

**16D.** Power operated draft regulator with low draft cutoff:  Yes  No [?](#) \*

**16E.** MFR:  [?](#)

**16F.** CAT No.:  [?](#)

**17A.** Do you have Smoke Alarm with Combustion Shutoff & Audio-Visual Alarms:  Yes  No [?](#) \*

**17B.** Smoke Alarm MFR:  [?](#)

**17C.** Smoke Alarm Model #:  [?](#)

**Emission Control Information**

**18A.** Control Equipment Status:  Yes  No [?](#)

**18B.** Pollutant Type  Nox  Co  PM [?](#)

**18C.** Type Of Control:  [?](#)

**18D.** %Removal:  [?](#)

Contaminant		Emissions		19C. Hourly Emissions	19D. Annual Emissions
Name	CAS Number	19A. Actual <a href="#">?</a>	19B. How Determined <a href="#">?</a>	(Lbs/Hr) <a href="#">?</a>	(Lbs/Year) <a href="#">?</a>
Total Particulates	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Nitrogen Oxides	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Carbon Monoxide	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Additional Combustion Equipment in Facility**

Installation No.	Description	Manufacturer	Model	Input BTU/HR
<input type="button" value="Add Equipment"/> <a href="#">?</a>				

Is the Boiler & Burner from the DEP approved list?:  Yes  No

Additional Information:

I certify that I am authorized by the owner of the equipment to amend this application. As a licensed Professional Engineer / Registered Architect in the State of New York and acting as a designated agent for the applicant, I hereby certify that the application, plans, and all supplementary material submitted in connection with this filing are complete and fully comply with all applicable laws, codes, rules, regulations, and directives of the NYC Department of Environmental Protection (NYC DEP). All equipment and apparatus in addition to complying with the NYC DEP also meet the requirements of other federal, state and local agencies including but not limited to the US EPA, NYS Dept. of Environmental Conservation, NYS Department of Labor Board of Standards and Appeals, Fire Department of NY, NYC Department of Buildings and all applicable Safety Standards.

I certify under penalty of law that I have personally examined, and am familiar with, the statements and information submitted in this document and all its attachments as they pertain to the practice of engineering. **Please tick the check box**



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**Instructions for Completing Form APC 5-0**

Cell #	Form Field Name	Help Text
1A	Facility Name (If any)	If subject premise has a name which is displayed on the store front sign or is commonly known (e.g. "ABCD" Garden Apartments) indicate such name. If no such name exists, indicate "none".
1B	Facility	Select "NEW" if equipment will be housed in a new structure. Select "EXISTING" if equipment will be housed in an existing structure.
1C	Facility Location	Complete premise address of combustion equipment being filed for.
1C	House No.	Do not insert any floor no./suite no.
1C	Street Address	Do not abbreviate street address.
1D	Floor / Suite No. (If any)	Enter floor number or suite number or room number if available.
1E	Borough	Select from the dropdown menu.
1F	State	Enter the State (NY).
1G	Block	
1H	Lot	
1I	Zip Code	
1J	Building Identification Number (BIN)	If premise identified is part of a housing or commercial complex where buildings have identifying numbers and/or letters, provide same.
1K	Equipment Location	Identify physical location, by floor number, of combustion equipment within premise (e.g cellar).
1L	Is this equipment a replacement for equipment recently certified?	Select "YES" if equipment is a replacement for equipment that is currently certified. Select "NO" if the equipment is not a replacement.
1M	If YES, provide the installation number of the equipment it is replacing (PA/PB):	If this equipment is a replacement for equipment currently certified, please provide the Installation Number of the equipment it is replacing. <i>(Renewal of the existing Certificate of Operation (CO) is required as long as the equipment is operable. The existing CO will be cancelled once we receive a written notification within 20 days that the equipment is dismantled or rendered inoperable.)</i>
1N	Is this a legalized source?	Indicate whether or not this is a legalized source.
2A	Owner's Name	Full legal name of owner of premise.
2B	Owner's Address	Owner's complete mailing address.
2B	House No.	Do not insert any floor no./suite no.
2B	Street Address	Do not abbreviate street address.
2C	Floor / Suite No. (If any)	Enter floor number or suite number or room number if available.
2D	Borough / City	Enter the borough or city if outside NY.
2E	State	Enter the State (NY).
2F	Zip Code	



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2G	Telephone	Enter the primary number of the Owner.
2H	Fax	Fax number of the Owner.
2I	Owner's Email Address	Email address to facilitate future correspondences and send out renewal reminders.
2J	Facility Classification	Classification based on type of use. Check only one appropriate box. Example: Hospital owned residence, check residential College owned dormitory, check residential College owned power plant, check utility
3A	Name of P.E or R.A	Full name of Professional Engineer authorized to file the Industrial Process Equipment Application Form.
3B	NYS License Number	New York State Professional Engineer's or R.A's License Number
3C	P.E. E mail Address	P.E. email address for future correspondence.
3D	Telephone	Telephone number of the Professional Engineer.
3E	Fax	Fax number of the Professional Engineer.
3F	Company Name	Name of the company the Professional Engineer is employed with.
3G	P.E. Address	Complete business address information of the Professional Engineer.
3G	House No.	Do not insert any floor no./suite no.
3G	Street Address	Do not abbreviate street address.
3H	City or Borough	Enter the borough or city if outside NY.
3I	State	Enter the State (NY).
3J	Zip Code	
3K	Name of Installer	If applicable, provide the full name of the installer authorized to file the Industrial Process Equipment Application Form.
3L	NYC Installer License Number	New York City Oil Burner Installer License Number.
3M	Installer E mail Address	Installer email address for future correspondence.
3N	Telephone	Telephone number of the installer.
3O	Fax	Fax number of the installer.
3P	Company Name	Name of the company the installer is employed with.
3Q	Installer Address	Complete the business address information of the installer.
3Q	House No.	Do not insert any floor no./suite no.
3Q	Street Address	Do not abbreviate street address.
3R	City or Borough	Enter the borough or city if outside NY.
3S	State	Enter the State (NY).
3T	Zip Code	
4A	Is it a government owned property?	If the premise where the equipment is located has tax exemption as per the Department of Finance, then select "YES". Additionally, provide the DOF tax exemption documentation.
4B	Agency Name	Select the appropriate agency name.
4C	Fee Waiver	The fee is waived, select 'Yes'



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4D	Fee Waiver Reason	Select or mention detailed fee waiver reason.
5B	Chimney (New or Existing)	Select "New" if it's a new chimney and "Existing" if it's an existing chimney.
5C	Type of Chimney	
5D	Height	The distance from the centerline of the entrance of the combustion gases into the chimney to the top of the chimney.
5E	Chimney inside Dimension at outlet (in)	Specify inside dimension of chimney outlet in inches.
5F	Radial distance above (ft)	The minimum radial distance from the centerline of the existing chimney to an acceptable receptor location, located at a height equal to or greater than the chimney outlet in feet.
5G	Radial distance below (ft)	The minimum radial distance from the centerline of the existing chimney to an acceptable receptor location, located at a height below than the chimney outlet in feet.
5H	Rain Cap/Cover (Yes or No)	
5I	Exit Velocity (f/s)	Chimney gas exit velocity in feet per second.
5J	Exit flow rates (SCFM)	Chimney gas exit flow rate in standard cubic feet per minute (SCFM). The standard condition is 60° F and 14.6 psi.
6A	Induced Draft Fan (Yes or No) & (New or Existing)	Indicate "Yes" or "No" & "New" or "Existing"
6B	Make	Specify Induced Fan's Manufacturer make.
6C	Model Number	Specify Induced Fan's Manufacturer.
6D	Capacity	Specify Induced Fan's Manufacturer Capacity.
7A	Continuous opacity monitor	
7A	Monitor Make	Specify the name of the manufacturer make of the continuous opacity monitor.
7A	Model No.	Specify the name of the manufacturer model number of the continuous opacity monitor.
7B	Nox	
7B	Monitor Make	Specify the name of the manufacturer make of the continuous NOx monitor.
7B	Model No.	Specify the name of the manufacturer model number of the continuous NOx monitor.
7C	Sox	
7C	Monitor Make	Specify the name of the manufacturer make of the continuous SOx monitor.
7C	Model No.	Specify the name of the manufacturer model number of the continuous SOx monitor.
	Is this boiler on the DEP Accepted Equipment List?	Select "Yes" if the boiler is accepted. Select "No" if the boiler is not accepted. Please check to see if this boiler is on the Department Accepted Equipment List and complete an equipment certification form if "No" is selected.
8A	Boiler Make	Specify the name of the manufacturer of the boiler.
8B	Boiler Model	Specify complete model of the manufacturer's model number.



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8C	Maximum Input Rating (Million BTU/Hr.)	If application is for new and/or modified installation specify in million BTU/hr, the total maximum operating heat input of all units on this application.
8D	Number of Identical Boilers applied for	Submit total number of identical boilers applied for. Note that only one type and size of equipment may be included on any one application.
8E	Boiler (New or Existing)	Check "New" if this is a new boiler or it is a replacement boiler and submit draft calculations. Check "Existing" if boiler application is for a replacement burner and the boiler is remaining the same.
8F	Boiler Type	Specify the unit type: Package Boiler Built up Boiler Acceptable steel oil-fired boiler assembly Acceptable cast- iron oil-fired boiler assembly Scotch marine boiler
8G	Type of Boiler (Steel, Steam, Cast Iron, Hot water)	Check appropriate items: Hot Water Steel Steam Cast Iron
8H	Heating Surface (Fire side) sq. ft.	Indicate fireside heating surface of boiler in square feet.
8I	Gross Output (Million BTU/Hr.)	Provide boiler gross output in million BTU/Hour, which shall be specified by the manufacturer.
8J	Gross Output Firing Rate (gph/cfh)	Provide boiler gross firing rate (GFR) in gallons per hour or cubic feet per hour. For new boilers, the GFR of the boiler shall be required to produce the GFR based on the manufacturer data. The GFR in gallons per hour for an existing boiler shall be determined by multiplying the gross output by 9.52*10 <sup>-6</sup>
8K	Additional Combustion Equipment on Chimney or in Boiler Room	Check "Yes" if other combustion equipment is operated in the same room or is attached to the same chimney, as the filed equipment. Show other equipment on plans: Identify other boiler/ incinerator/ burner etc.; manufacturer's name and model number (s), source emission numbers, draft controls, firing rates, ventilation, and all pertinent details. Check "No" if no other combustion equipment exists in same boiler room or on same chimney.
8L	Automatic pressure device to maintain boiler steam	Indicate manufacturer's name and complete catalog number of device. Indicate minimum pressure setting in pounds per square inch.
8L	MFR	
8L	CAT NO.	
8M	Auto temperature device to maintain water temp	Indicate manufacturer's name and complete catalog number of device. Indicate minimum temperature setting in degrees Fahrenheit.
8M	Pressure @	
8M	MFR	
8M	CAT NO.	



**THE CITY OF NEW YORK**  
**DEPARTMENT OF ENVIRONMENTAL PROTECTION**

Rev. 5/2016

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 Records Control (718) 595-3855

8N	Lead Lag System (Yes or No)	Enter "Yes" if multiple boilers covering the same load are Employed. Enter "No" if single boiler covers entire load or each boiler carries a distinct load.
8O	Lead Lag System	Supply manufacturer's name and complete model number for a lead lag system.
8O	Make	
8O	Model	
8O	Other	
8P	Type of Load on Boiler	Check appropriate loads. For residential select either Space Heating or Domestic Hot Water and for Commercial select either Air Conditioning or Process.
8Q	Is it a Condensing Boiler (Yes or No)	Select "Yes" if the boiler is condensing unit and "No" if it is not.
8R	Is a the Boiler Part of Cogeneration Unit (Yes or No)	Select "Yes" if the boiler is part of cogeneration unit and "No" if it is not.
	Is this burner on the DEP Accepted Equipment List?	Select "Yes" if the burner is accepted. Select "No" if the burner is not accepted. Please check to see if this burner is on the Department Accepted Equipment List and complete an equipment certification form if "No" is selected.
9A	Burner Make	Specify the name of the manufacturer of the burner.
9B	Burner Model Number	Specify burner manufacturer's model number.
9C	Number of Burners	Specify the total number of the burners mounted on each boiler being filed for on the same application. All burners on a single application must be identical.
9D	Burner (New or Existing)	Check "new" or "existing" accordingly.
9E	Burner Type	Specify the type of burner used (for dual fuel installations, select the oil atomizer): Oil- Atomizers Pressure atomized burner Steam atomized burner Air atomized burner Rotary cup burners Sonic atomizers Other oil atomization burners Natural Gas Atmospheric gas burner Natural draft power gas burner Forced draft power gas burner Other natural gas types
	Oil-Atomizers	
	Others	
	Natural-Gas	
	Other	
9F	Unit Heat Input (Million BTU/Hr.)	Input per boiler.
10A	Fuel Type 1	Select the type of fuel burned or to be burned: No. 2 Fuel Oil Natural Gas Other
10B	Fuel Type 1 Hours/Day	Average number of hours per day burner is or will be operating for fuel type 1.



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10C	Fuel Type 1 Days/Year	Average number of days per year burner is or will be in operation.
10D	Fuel Type 1 Quantity/Hour (gph/cfh)	Maximum quantity of fuel burned per hour in gallons for oil or cubic feet for gas during normal heating season.
10E	Fuel Type 1 Quantity/Year	Total quantity of fuel burned per year in gallons for oil or cubic feet for gas.
10F	Maximum Fuel type 1 Delivery Rate (GPH or CFH)	Select GPH if fuel is oil used and CFH if its natural gas only. For dual fuel installations, use the maximum fuel delivery rate of the fuel oil. The maximum fuel delivery rate to the burner nozzle shall be 80 to 110% of the boiler's gross output firing rate. Specify units used.
11A	Fuel Type 2	Select the type of fuel burned or to be burned: No. 2 Fuel Oil Natural Gas Other
11B	Fuel Type 2 Hours/Day	Average number of hours per day burner is or will be operating for fuel type 2.
11C	Fuel Type 2 Days/Year	Average number of days per year burner is or will be in operation.
11D	Fuel Type 2 Quantity/Hour (gph/cfh)	Maximum quantity of fuel burned per hour in gallons for oil or cubic feet for gas during normal heating season.
11E	Fuel Type 2 Quantity/Year	Total quantity of fuel burned per year in gallons for oil or cubic feet for gas.
11F	Maximum Fuel type 2 Delivery Rate (GPH or CFH)	Select GPH if fuel is oil used and CFH if its natural gas only. For dual fuel installations, use the maximum fuel delivery rate of the fuel oil. The maximum fuel delivery rate to the burner nozzle shall be 80 to 110% of the boiler's gross output firing rate. Specify units used.
12	Burner Limitation Details	Specify burner limitation details.
	Is this boiler/burner assembly on the DEP Accepted Equipment List?	Select "Yes" if the assembly is accepted. Select "No" if the assembly is not accepted. Please check to see if this assembly is on the Department Accepted Equipment List and complete an equipment certification form if "No" is selected.
13A	Combustion Control Type	Select the type of combustion control type to be used: 1. Combustion On-Off 2. Low-High-Off with Low Fire Start 3. Low-High-Low-Off with Proven Low Fire Start 4. Full Modulation with Proven Low Fire Start
13B	High Low Modulation Motor	
13C	Modulating Motor Make	Submit manufacturer's name and complete model number.
13D	Modulating Motor Model No.	(Provide information for type 2, 3, &4)
13E	Firing Rate Control (Yes or No)	
13E	Firing Rate Control Make	Submit manufacturer's name and complete model number.
13F	Firing Rate Control Cat No.	(Provide information for type 3 & 4)
14A	No. of Primary Oil Heaters	
14B	MFR	
14C	CAT No.	
14D	Type of Media (Steam, Hot H2o, Electric)	
14E	Circulation	



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14F	Non-Contaminating	
14G	Blowdown & Throttling Valves	
14H	No. of Auxiliary (Electric) Heater(s)	
14I	Capacity (EA) Watts	
14J	Capacity	
14K	Electric Heater under constant temp control	
14L	Oil stats as per plan	
14M	Cold Oil Interlock	
14N	Temperature Gauges as per Plan Details	
14O	All Oil Pipe Lines Adequately Insulated	
15A	Intake Ventilation Fan(s) (Yes or No)	Indicate "Yes" or "No". If yes, please specify the manufacturer's name and model with capacity of the fan.
15B	Make	
15C	Model	
15D	Capacity	
15E	Exhaust Fan in Boiler Room (Yes or No)	Indicate "Yes" or "No" If yes, please specify the Manufacturer's name and model with capacity of the fan.
15F	Make	
15G	Model	
15H	Capacity	
15I	Opening (Yes or No)	Indicate whether an open louver will be utilized to provide combustion air.
15J	Is It (Fixed or Motorized)	Indicate whether it is open or motorized louver. Motorized louvers are required for boilers with a gross output firing rate of 7.0 million BTU/hr or greater.
15K	Gross Area (sq. in)	Specify the gross area in square inches.
15L	Efficiency%	Indicate the percent efficiency. When the actual louver efficiency is unknown, the efficiency shall be taken as 60 percent for a fixed louver and 100 percent for a motorized louver.
15M	Net Area (sq. in)	Specify the net area in square inches. The net free area shall be 86 square inches for every one million BTU/hr based on the maximum heat input rating.
15N	Ventilation Duct (Yes or No) and (New or Existing)	If ventilation duct (s) is (are) used, indicate "yes" and state if ducts (s) is (are) "new" (to be installed with this application) or "Existing" (already installed on a previous application).
16A	Barometric Damper	If barometric damper is to be used, select "Yes". If another form of draft control is used, select "No".
16B	Nominal Size (in)	If barometric damper installed then specify its diameter in Inches (must be as large as the breeching diameter).
16C	Nominal Area (sq. in)	If barometric damper installed then specify its area in square inches.
16D	Power Operated Draft Regulator with Low Draft Cutoff (Yes or No)	If power operated draft regulator (PODR) is used, enter "Yes" and the original manufacturer and complete catalog number of basic unit and low draft switch. If the low draft



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		switch is manufactured by a different company than the draft regulator, submit the complete manufacturer's name and catalog number of the switch.
16E	MFR.	Provide PODR manufacturer.
16F	CAT No.	Provide PODR catalog number.
17A	Do You Have Smoke alarm with Combustion Shutoff & audio-visual alarm (Yes or No)	If smoke alarm is required, enter "Yes". A smoke alarm is required for all oil-fired installations and only for temperature controlled dual-fuel systems 4.2 million BTU/hr and greater.
17B	Smoke Alarm MFR.	If smoke alarm is required, specify the manufacturer's name and catalog number.
18A	Control Equipment Status (Yes or No)	If emission control equipment is used select "Yes". If no emission control equipment is used, select "No".
18B	Pollutant Type Nox, Co, Pm	Select: Oxides of Nitrogen (NOx), Carbon Monoxide (CO), and/or Particulate Matter (PM).
18C	Type of Control	Describe control (i.e, low NOx burners, flue gas recirculation, selective catalytic reduction (SCR)) and Manufacturer's make/model number.
18D	% Removal	Specify the percent (%) removed from control.
19A	Emissions >> Actual	Provide emission factors in pound of contaminant per million BTU.
19B	Emissions >> How Determined	Provide how emission factors determined (i.e, Manufacturer Data, USEPA AP-42, Source Testing, Other)
19C	Hourly Emissions (lbs.hr)	Provide maximum hourly emissions using emissions factors and maximum quantity per hour.
19D	Annual Emissions (lbs/yr)	Provide annual emissions using emission factors and maximum quantity per year.